

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

INDEX OF CLAIMS

✓ Rejected N
 = Allowed I
 — (Through numeral) Canceled A
 : Restricted O

Non-elected
 Interference
 Appeal
 Objected

| Claim | Date | Claim | Date | Claim | Date |
|-------|----------|-------|------|-------|------|
| 1 | Original | 51 | | 131 | |
| 2 | Original | 52 | | 132 | |
| 3 | Original | 53 | | 133 | |
| 4 | Original | 54 | | 134 | |
| 5 | Original | 55 | | 135 | |
| 6 | Original | 56 | | 136 | |
| 7 | Original | 57 | | 137 | |
| 8 | Original | 58 | | 138 | |
| 9 | Original | 59 | | 139 | |
| 10 | Original | 60 | | 140 | |
| 11 | Original | 61 | | 141 | |
| 12 | Original | 62 | | 142 | |
| 13 | Original | 63 | | 143 | |
| 14 | Original | 64 | | 144 | |
| 15 | Original | 65 | | 145 | |
| 16 | Original | 66 | | 146 | |
| 17 | Original | 67 | | 147 | |
| 18 | Original | 68 | | 148 | |
| 19 | Original | 69 | | 149 | |
| 20 | Original | 70 | | 150 | |
| 21 | Original | 71 | | | |
| 22 | Original | 72 | | | |
| 23 | Original | 73 | | | |
| 24 | Original | 74 | | | |
| 25 | Original | 75 | | | |
| 26 | Original | 76 | | | |
| 27 | Original | 77 | | | |
| 28 | Original | 78 | | | |
| 29 | Original | 79 | | | |
| 30 | Original | 80 | | | |
| 31 | Original | 81 | | | |
| 32 | Original | 82 | | | |
| 33 | Original | 83 | | | |
| 34 | Original | 84 | | | |
| 35 | Original | 85 | | | |
| 36 | Original | 86 | | | |
| 37 | Original | 87 | | | |
| 38 | Original | 88 | | | |
| 39 | Original | 89 | | | |
| 40 | Original | 90 | | | |
| 41 | Original | 91 | | | |
| 42 | Original | 92 | | | |
| 43 | Original | 93 | | | |
| 44 | Original | 94 | | | |
| 45 | Original | 95 | | | |
| 46 | Original | 96 | | | |
| 47 | Original | 97 | | | |
| 48 | Original | 98 | | | |
| 49 | Original | 99 | | | |
| 50 | Original | 100 | | | |

If more than 150 claims or 10 actions
staple additional sheet here

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